

ROUTING AND TRANSMITTAL SLIP		Date	29 Dec 80
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. LTC M. Watt, IAOPS-H-S. INSCOM			
2. Bldg 4553			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		

REMARKS

Attached funded for your project.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org./symbol, Agency/Post)	Room No.—Bldg.
Kyleen B. Spencer	
IARH-8-FM	Phone No.
	X6947

5041-102

☆ GPO : 1977 O - 241-530 (3450)

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206